

BEST AVAILABLE COPY

(ISSUE SLIP STAPLE AREA (for additional cross references))

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 7 | 402 | 6/17/64 |
| RESPONSE FORMALITY REVIEW | MA | 530 | 6/17/64 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| - | Rejected | N | Non-elected |
| - | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Fwd | Original | Date | Claim | Fwd | Original | Date | Claim | Fwd | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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